

UNITED STATES DISTRICT COURT
Southern District of Texas

UNITED STATES COURTS
SOUTHERN DISTRICT OF TEXAS
FILED

JUL 15 2002

Michael A. Cotten

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

Michael N. Milby, Clerk of Court

V.

mc
CASE V-02-06

Citizens Medical Center

I, Michael A. Cotten declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other
in the above-entitled proceeding; that in support of my request to proceed
without prepayment of fees or costs under 28 USC §1915 I declare that I
am unable to pay the costs of these proceedings and that I am entitled to the
relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty
of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to part 2)
If "Yes," state the place of your incarceration _____
Are you employed at this institution? ____
Do you receive any payment? ____
Attach a ledger sheet from the institution(s) of your incarceration showing
at least the past six months' transactions.
2. Are you currently employed? ☒ Yes ☐ No
 - a. If the answer is "Yes," state the amount of your take-home salary or
wages and pay period and give the name and address of your employer.
Lawrence Furniture Company
102-B S. Depot Victoria, Texas 77901
take-home pay is \$1,300. monthly
 - b. If the answer is "No," state the date of your last employment, the
amount of your take-home salary or wages and pay period and the
name and address of your last employer.

3. In the past 12 twelve months have you received any money from the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No
If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No
If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Jeannette Cotten, spouse/ 100% support

Nicholas Ryan Hernandez, step-son/ 80% support

Brandon-Lee Anthony Cotten, son/ 100% support

Michaela Alexis Cotten, daughter/ 100% support

I declare under penalty of perjury that the above information is true and correct.

<u>7-15-02</u>	<u>Michael A Cotten</u>
Date	Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.